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I hereby certify that this RCE Transmittal, with accompanying Amendment, is being transmitted to Mail Stop RCE, the U.S. Patent and Trademark Office via facsimile number 571-273-8300, on March 6, 2006.

Kim M. Ramsey
Kim M. Ramsey

PATENT APPLICATION
Attorney Docket No. 1505-006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Thomas Hicks

Confirmation No. 2776

Serial No.: 09/990,670

Examiner: Elena Tsoy

Filed: November 16, 2001

Group Art Unit: 1762

For: DECORATIVE TRANSLUCENT WINDOW COVERING

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. Submission required under 37 C.F.R. § 1.114

a. ☐ Previously submitted:

- ☐ Consider the amendment(s) reply under 37 C.F.R. § 1.116 previously filed on _____.
- ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- ☐ Other: _____

b. ☒ Enclosed is:

- ☒ Amendment In Conjunction With Request For Continued Examination
- ☐ Affidavit(s)/Declaration(s)
- ☐ Information Disclosure Statement (IDS)
- ☐ Other: _____

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2. Miscellaneous

- ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required).
- ☐ Other: _____

3. Fees: (Note: The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed)

☒ RCE fee required under 37 C.F.R. § 1.17(e)

☒ \$395 Small Entity

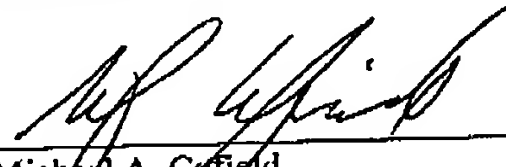
<u>CLAIMS AS AMENDED</u>					
For:	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra	Rate	Additional Fee
Total Claims	45	-35	10	x \$ 25 =	\$250.00
Independent Claims	7	-9	0	x \$100 =	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$250.00

- ☐ Extension of time fee (37 C.F.R. §§1.136 and 1.17)
- ☐ Suspension of application fee (37 C.F.R. § 1.17(i))--\$130
- ☒ PTO Form 2038 authorizing credit card payment is attached.
- ☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.


 Michael A. Coffield
 Reg. No. 54,630

MARGER JOHNSON & McCOLLOM, P.C.
 210 SW Morrison Street, Suite 400
 Portland, OR 97204
 503-222-3613